

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

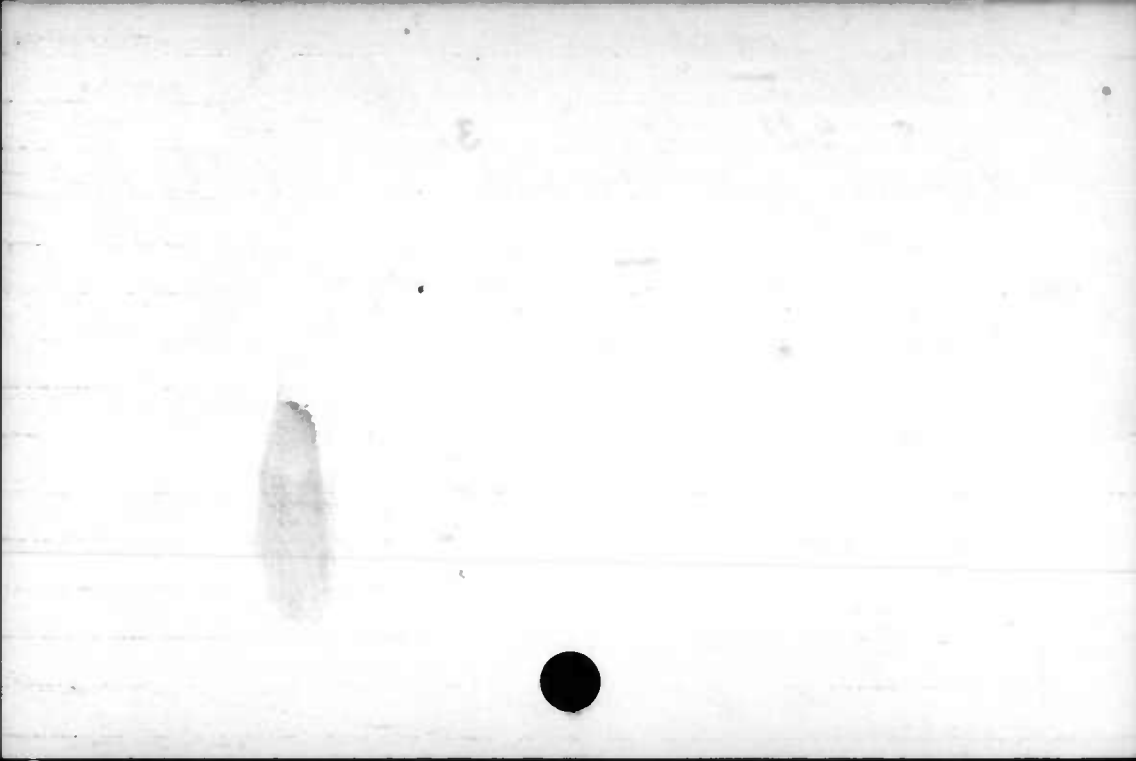
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Boardley</i>		Town <i>Churchton</i>		County <i>A. H.</i>	
Died at <i>Churchton</i>		Date of death <i>1905</i>		Month <i>Sept</i>	
Day <i>14</i>		Age <i>30</i>		Years <i>30</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>A. H. Co Ind</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Husband <i>John Boardley</i>			
Father's Name <i>Henry Sher</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>John Boardley</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Puerperal Eclampsia</i>	How long <i>2 days</i>
Immediate <i>Post partum Hemorrhage</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. T. Smith</i>
	Address <i>Churchton</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

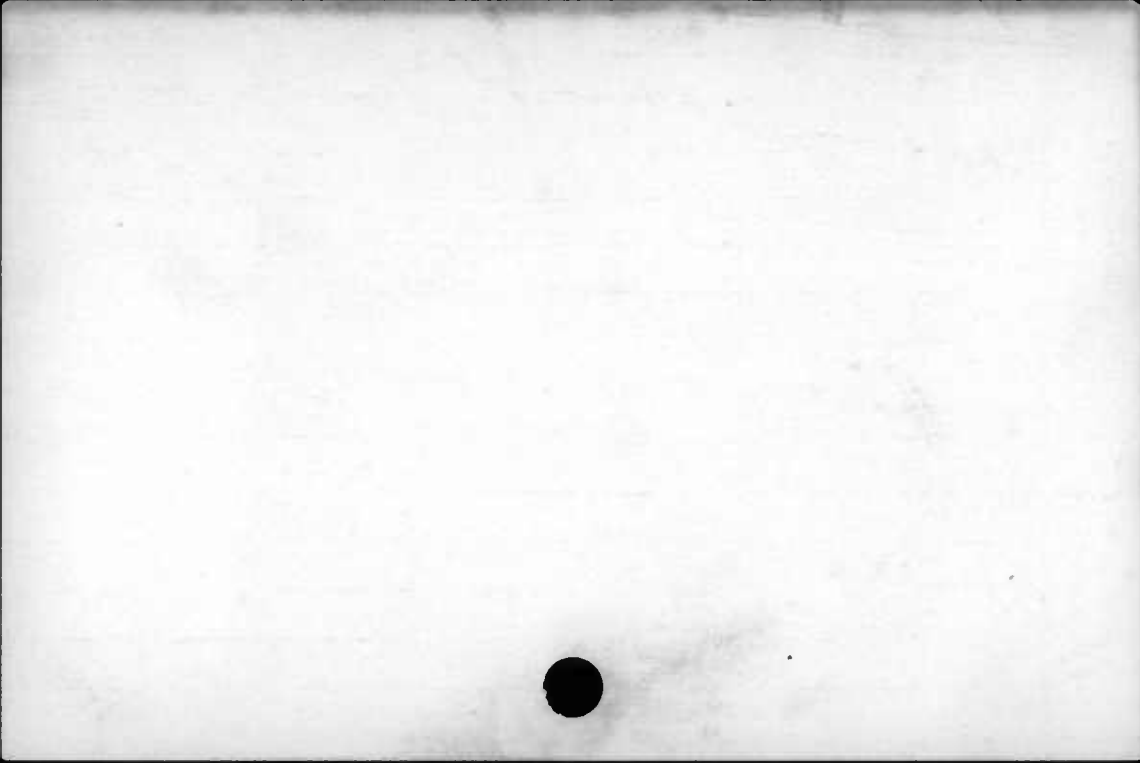
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>J. W. Brown</i>		Town <i>West Annapolis</i>		County <i>Anne Arundel</i>		State MARYLAND	
Died at <i>West Annapolis</i>		Date Month <i>1908</i> Day <i>Sept</i>		Age Years <i>6</i> Months <i>5</i> Days <i>5</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>West Annapolis</i>			
Occupation <i></i>				Where Residing if not at place of death <i>West Annapolis</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>J. H. Brown</i>				Father's Birthplace <i>Adco.</i>			
Mother's Maiden Name <i>Rose Jacobs</i>				Mother's Birthplace <i>Adco.</i>			
Name of person giving information <i>J. H. Brown</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Martha B. B. B.</i>	How long <i>2 days</i>
Immediate <i>Martha B. B. B.</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. B. B.</i>
Address <i>W. H. B. B.</i>	
Accident or Suicide? <i></i>	



Name
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CERTIFICATE OF DEATH

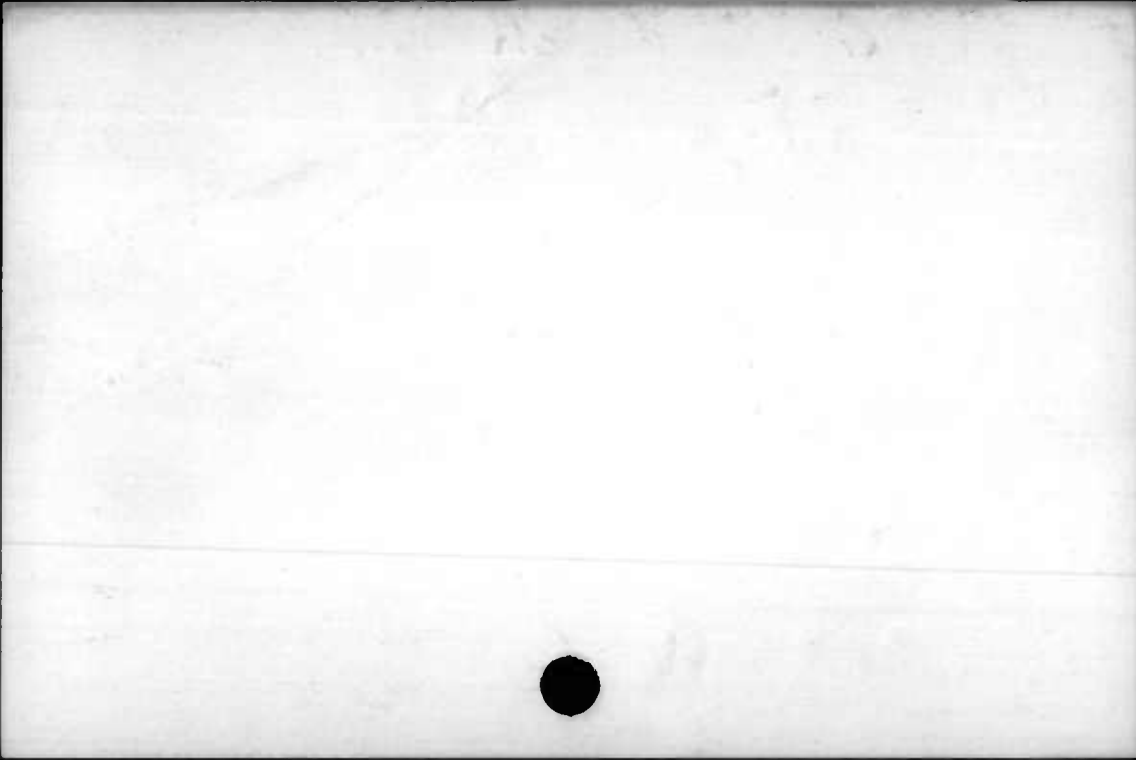
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Franklin Buchanan</i>		Town <i>Annapolis Md</i>		County <i>Annapolis</i>		STATE MARYLAND	
Died at <i>Annapolis Md</i>		Date of death 1905		Month <i>Sept</i>		Day <i>11</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Age <i>3-9</i>		Years <i>3-9</i>	
Occupation <i>Cook</i>		Birth- place <i>Annapolis Md</i>		Where Residing if not at place of death <i>24 Washington St</i>		Months <i></i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Eliza Buchanan</i>		Father's Name <i>James Buchanan</i>		Father's Birthplace <i>Annapolis Md</i>	
Mother's Maiden Name <i>Gasoline Parker</i>		Name of person giving Information <i>Eliza Buchanan</i>		Mother's Birthplace <i>Annapolis Md</i>		How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Catarrhal</i>	How long <i>2 1/2 Months</i>
Immediate <i>Gastritis Asthenia</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridout M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i></i>	



Name
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CERTIFICATE OF DEATH

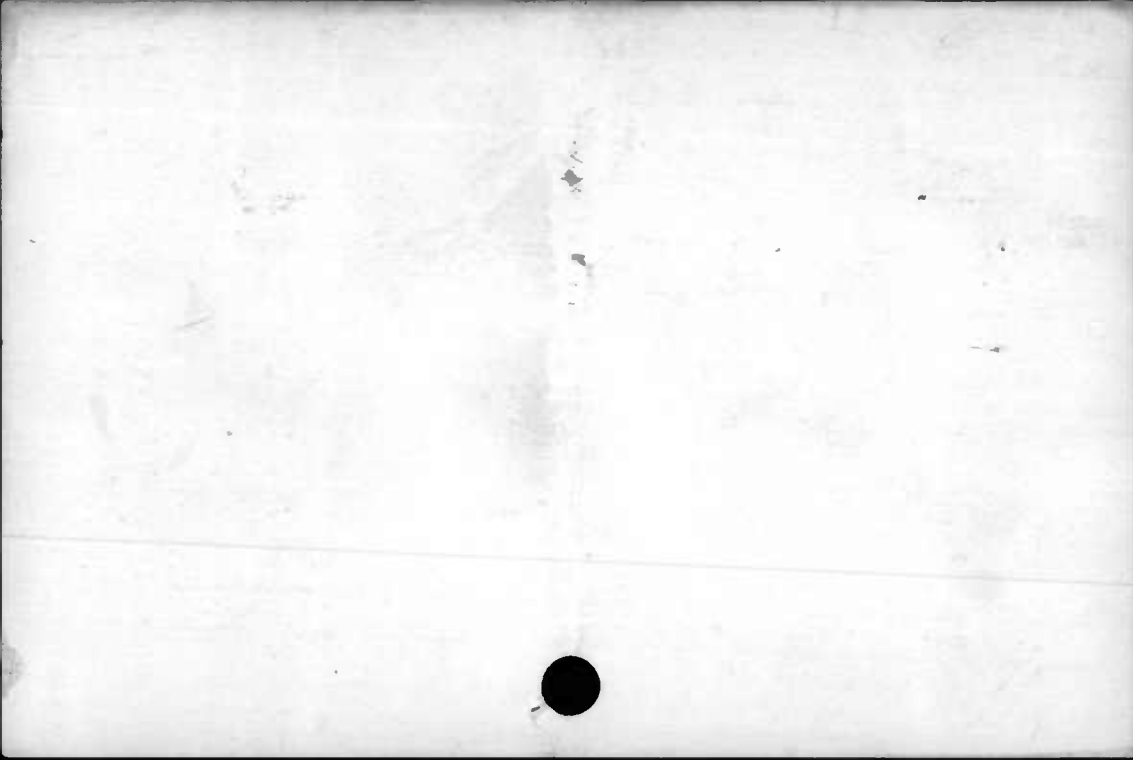
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Maryland</i> Town		<i>Ad</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Sept</i>	Day <i>1st</i>	Age <i>18</i>	Months <i>3</i>	Days <i>18</i>
Sex <i>male</i>	Color or Race <i>African</i>		Birth-place <i>Ad Ad Co</i>		
Occupation <i>Porter</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>+ + + + +</i>				
Father's Name <i>Alex Bursse</i>	Father's Birthplace <i>Talbot Co</i>		Mother's Birthplace <i>Ad Ad Co</i>		
Mother's Maiden Name <i>Lenny Turner</i>	Name of person giving information <i>Esther Bursse</i>		How related to deceased <i>Bro</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Don't know</i>
Immediate <i>twice. I think he was sick about 3.</i>	How long <i>about 3.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Brayden</i>
	Address <i>Ad Brayden</i>
Accident or Suicide?	<i>Ad Brayden</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Goleman *[Twin # 1]* *Stillborn* *9/25*

Died at *Annapolis* Town *Anne Arundel Co* County **MARYLAND**

Date of death *1905* Month *Sept* Day *25* Age *still born* Years Months Days

Sex *male* Color or Race *coloured* Birth-place *35 Monument Street*

Occupation *X* Where Residing if not at place of death " " "

Married, Single or Widowed *Stillborn* Name of Wife or Husband *X*

Father's Name *Henry Coleman* Father's Birthplace *West River*

Mother's Maiden Name *Elizabeth Howard* Mother's Birthplace *West River*

Name of person giving information *Martha Price* How related to deceased *Midwife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stillborn* How long *X*

Immediate

Are the name, age, sex, color, date and place correctly given above?

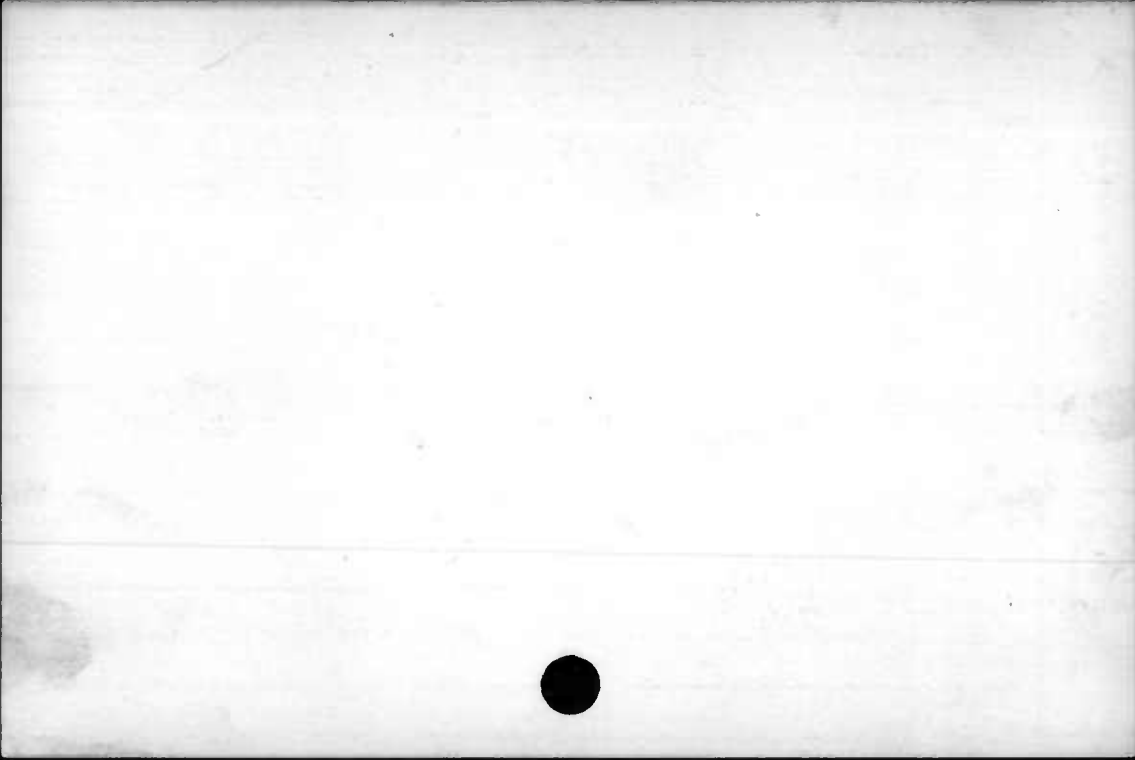
Signature of Physician

Address

Accident or Suicide?



Name in Full		Coleman's Still born Twins				9 27 1905		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Annapolis		Twin		Annapolis				
	Date of death		Month	Day	Age	Years	Months	Days	
	1905 Sept 25								
	Sex		Color or Race		Birthplace				
Female		Colored		35 Monument St.					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed		Still born		Name of Wife or Husband					
Father's Name		Henry Coleman		Father's Birthplace		West River			
Mother's Maiden Name		Elizabeth Brown		Mother's Birthplace		West River			
Name of person giving information		Nathaniel Price		How related to deceased		Midwife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Still born		S.		How long		
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
					Address				
Accident or Suicide?									



Name
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CERTIFICATE OF DEATH

MARYLAND

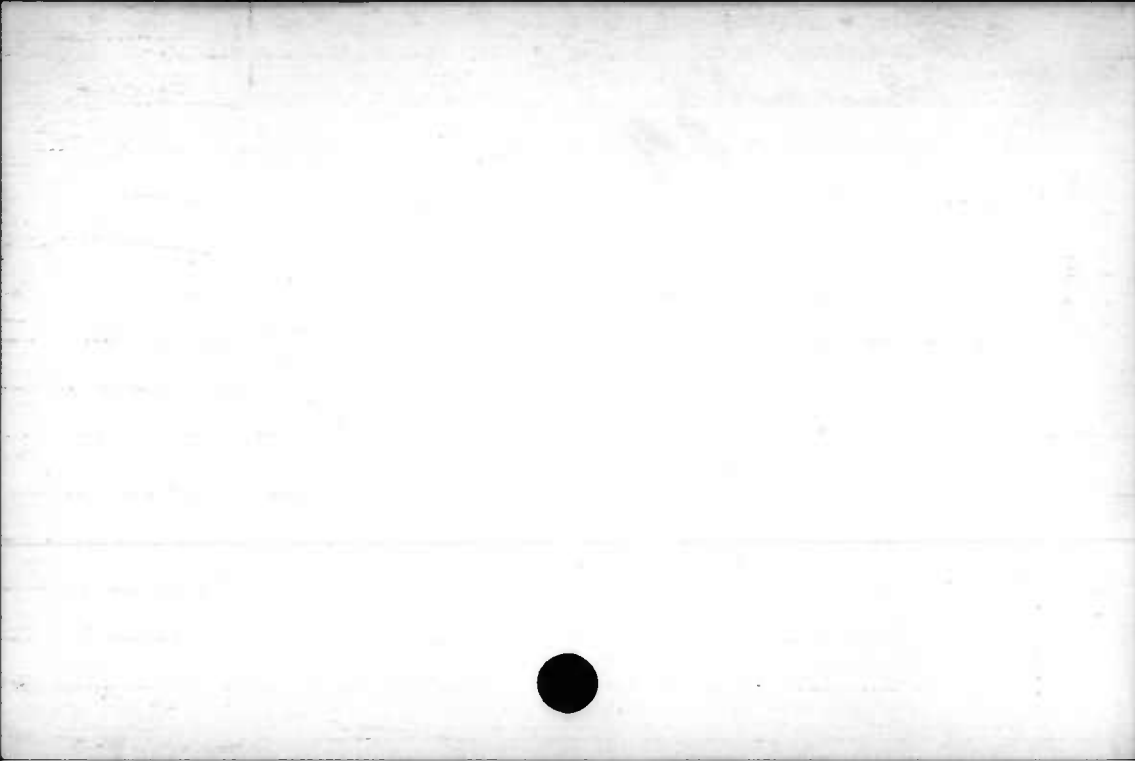
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John W. Croner		Town Shady Side		County A R	
Died at Shady Side		Date of death 1905		Age 69	
Month Sept		Day 29		Years 69	
Sex Male		Color or Race Colored		Birth-place A.R. Co Md	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Mellie Francis			
Father's Name Unknown		Father's Birthplace —			
Mother's Maiden Name Jocosa Croner		Mother's Birthplace Md			
Name of person giving information Josh. W. Dennis		How related to deceased Bro in Law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bright's Disease	How long 10 Mos
Immediate Pulmonary Edema	How long 4 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. J. Smith
	Address Shenecton
Accident or Suicide? —	



Name
in
Full

Elizabeth Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hannan</i> ^{Town}		<i>Ames</i> ^{County} <i>Frederick</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>9</i>	Day <i>27</i>	Age <i>78</i> ^{Years}	Months <i>7</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>					
Mother's Maiden Name <i>X</i>					
Name of person giving information <i>Mrs Taylor</i>				How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>1 week</i>
Immediate <i>General debility</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harriett Tongue</i>
	Address <i>Elkridge Md</i>
Accident or Suicide?	

John & Brown
935 Shaft of
near Hamburg

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Annapolis</u>		County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u>	Months <u>Six</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth place <u>Bryan aly</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>19 Bryan aly</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Frank Dought</u>			Father's Birthplace <u>A.A.C.</u>		
Mother's Maiden Name <u>Anna Jones</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

Primary

Marasmus
Exhaustion

How long

Months
Gradual

Immediate

Are the name, age, sex, color, date
and place correctly given above?

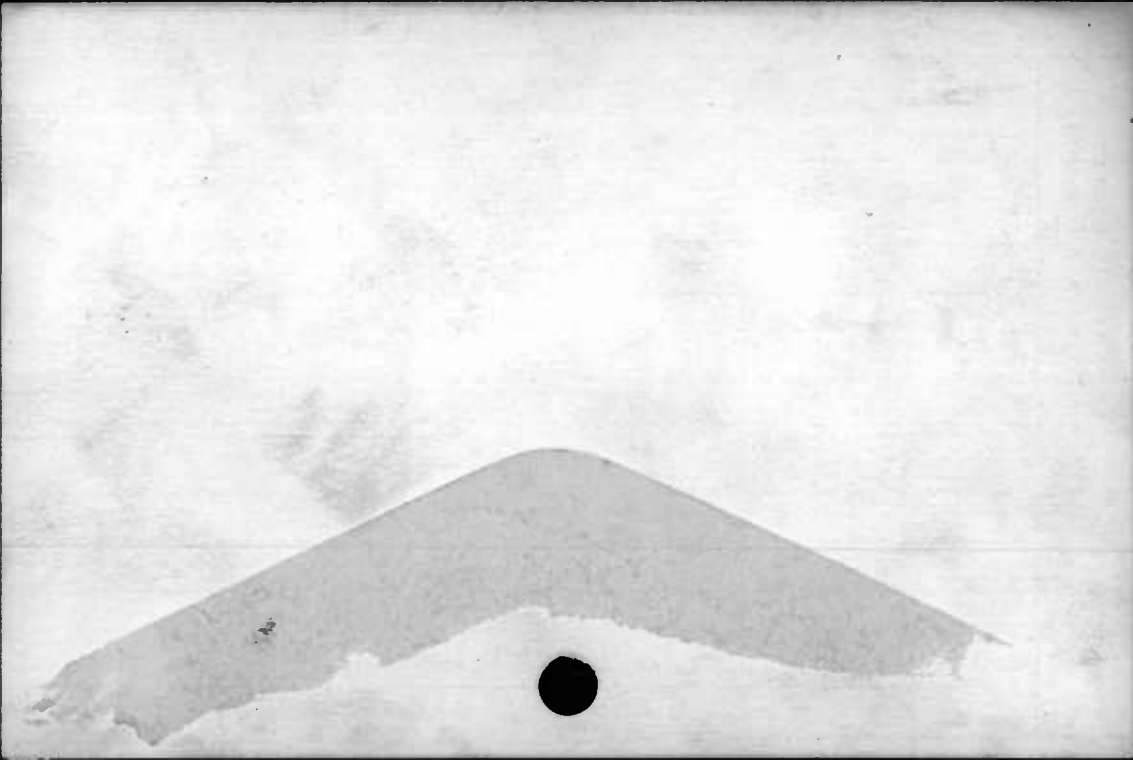
yes

Signature of
Physician

Address

John Ridout Mt
Annapolis
Md

Accident or Suicide?



Name
in
Full

Edward Hall

CERTIFICATE OF DEATH

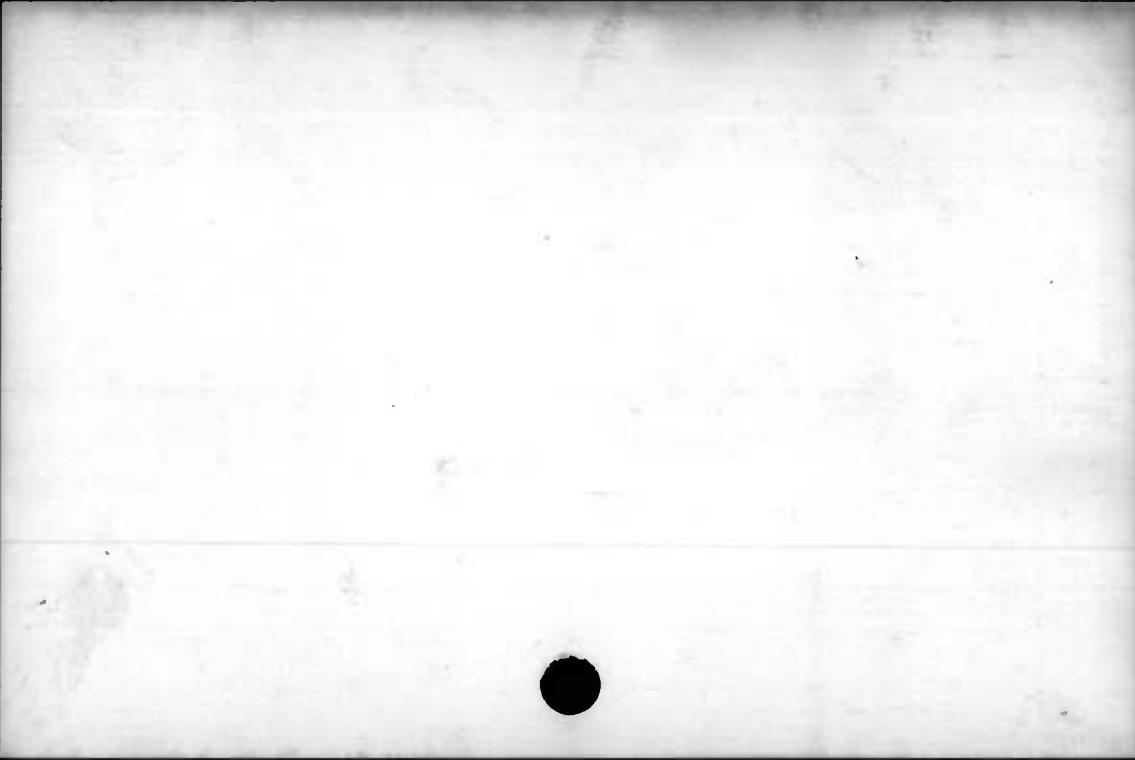
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Margaret's</i> ^{Town} <i>3rd Dist</i> ^{County} <i>Anne Arundell</i>		MARYLAND	
Date of death <i>1905</i>	<i>Sept.</i> ^{Month}	<i>12</i> ^{Day}	<i>11</i> ^{Years}
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Anne Arundell</i>	
Occupation <i>None</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>Samuel Hall</i>	Father's Birthplace <i>Prince Geo Co Md</i>		
Mother's Maiden Name <i>Annice Hunt.</i>	Mother's Birthplace <i>3rd A.A.Co</i>		
Name of person giving information <i>Samuel Hall</i>	How related to deceased <i>Father</i>		

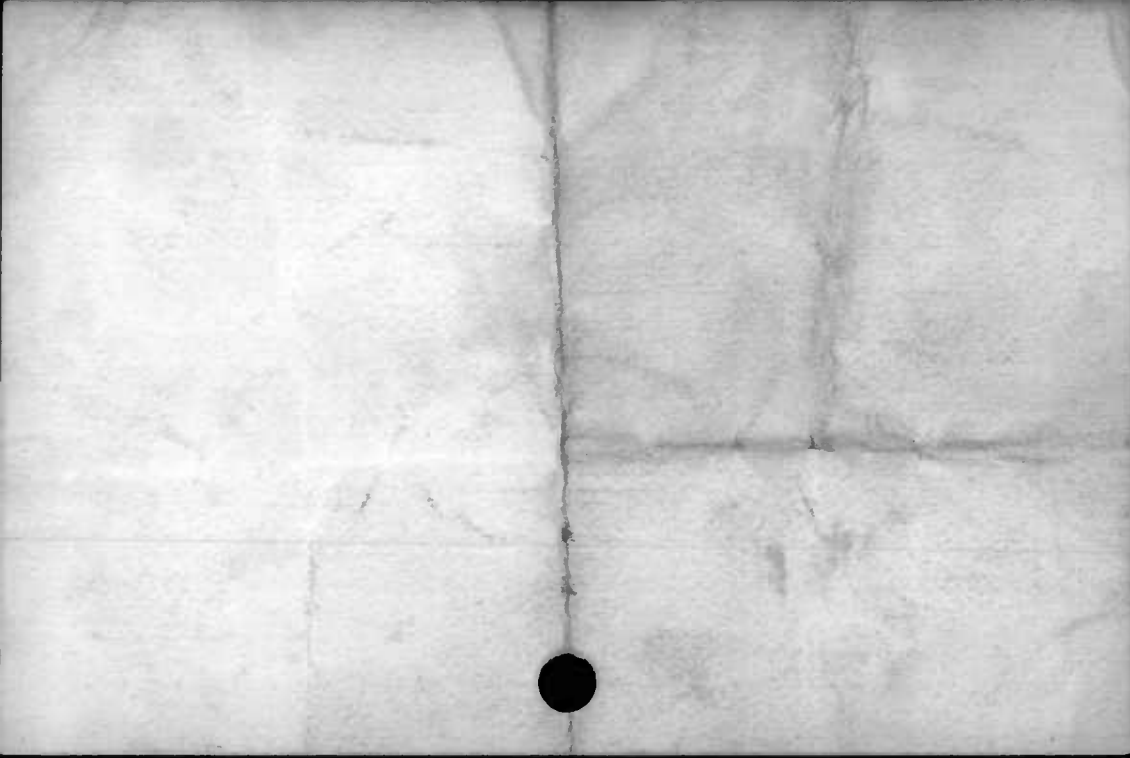
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. D. Ridout M.D.</i>
	Address <i>St. Margaret's Md</i>
Accident or Suicide?	



Name in Full		Erie Harris				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Annapolis Md		Anne Arundel			
Date of death		1900	Month	Sept	Day	4	Age
				Years		Months	Days
Sex		female		Color or Race		Colored	
Occupation				Birth place			
				Where Residing if not at place of death		Acton Lane	
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Thomas E. Harris				Father's Birthplace	
Mother's Maiden Name		Maybelle Simmons				Mother's Birthplace	
Name of person giving information		Thomas E. Harris				How related to deceased	
		Father					
CAUSES OF DETH							
Primary		Gastro-Enteritis				How long	
		105				Two weeks	
Immediate		Exhaustion				How long	
		3 days					
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		L. B. Decker Jr.	
				Address		Annapolis Md	
Accident or Suicide?							



Name

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Full

CERTIFICATE OF DEATH

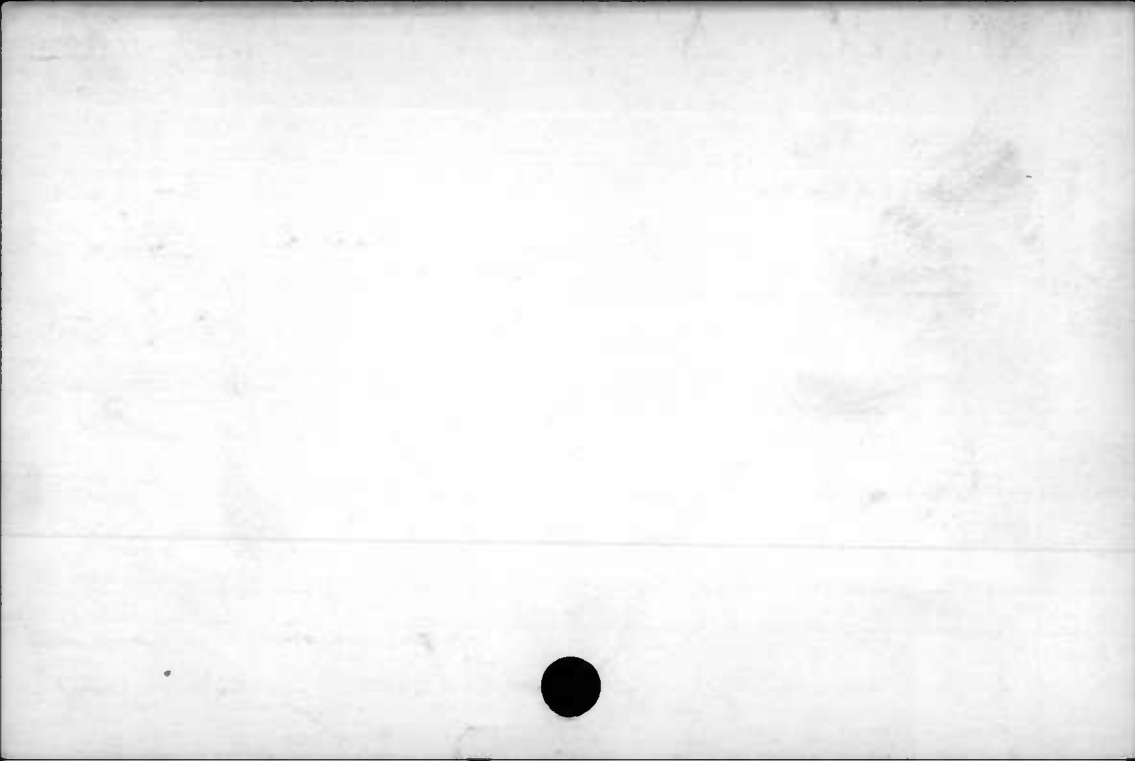
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>annapolis md</i>		Town <i>annapolis md</i>		County <i>a.w.c.</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Sept</i>	Day <i>6</i>	Age <i>10</i>	Years <i>10</i>	Months <i>10</i>	Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>Bess gate</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>Bess gate</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John H. Harris</i>				Father's Birthplace <i>Bess gate</i>			
Mother's Maiden Name <i>Mary E Brown</i>				Mother's Birthplace <i>Bess gate</i>			
Name of person giving information <i>John H. Harris</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Maasimus</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>131</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

John T. Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>18</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll County</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Arnold's A.C.C.</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Hampton A. Harrison</i>			Father's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Anne Grimes</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Hampton A. Harrison</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. Wells</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

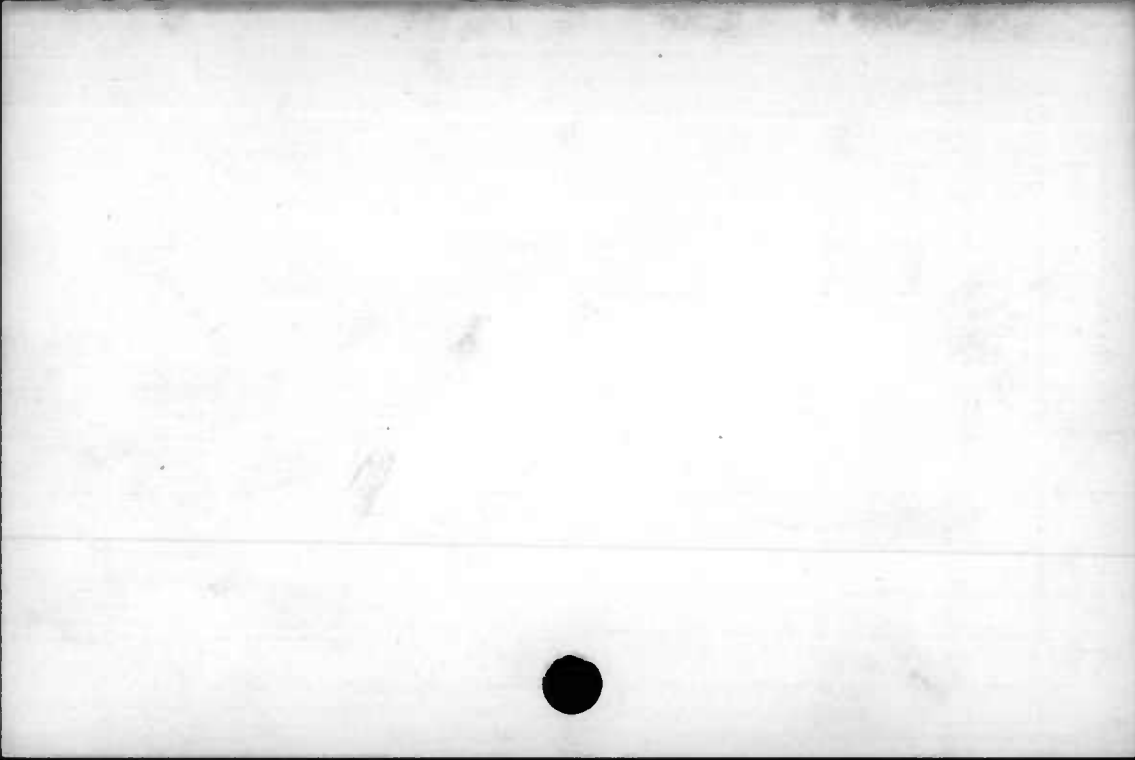
Kittie Holway.

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>23</i>	Years <i>49</i>	Months _____	Days _____	
Sex <i>Female</i>		Color or Race <i>Col.</i>		Birth-place <i>Annapolis</i>			
Occupation <i>Laundress</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>John Holway</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Eliziah Smith</i>		Mother's Birthplace " "					
Name of person giving information <i>Mary Smith</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Pericarditis</i>	How long	_____
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>John Purvis</i>	
Address		<i>Annapolis Md</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Churchton* Town*A. A.* CountyDate of death *1905* Month *Sept*Day *6*

Age

Years *1*

Months

Days *25*

Sex

*Male*Color or
Race*Colored*Birth-
place*Churchton Md*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Chas Holland*Father's
Birthplace*A. A. Co Md*Mother's
Maiden Name*Ella Brown*Mother's
Birthplace*A. A. Co., Inc*Name of person giving
In formation*Geo Brown*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Enteric Cholitis

How long

3 weeks

Immediate

Exhaustion

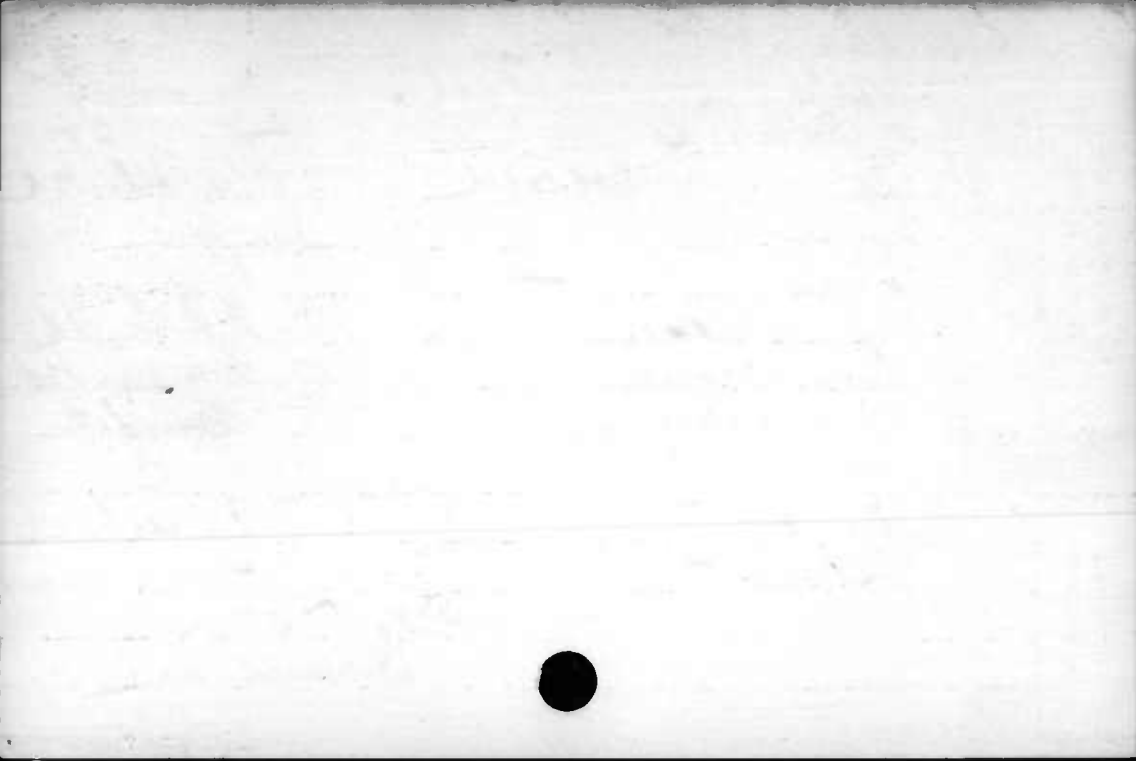
How long

*—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Geo. T. Smith**Churchton, Md*

Accident or Suicide?



Name
in
Full

Katie Howers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bristol

County Anne Arundel

Date of death 1905 ^{Month} Sept^{Day} 1st.Age ^{Years} 17^{Months} 1^{Days} 11

Sex Female

Color or Race White

Birth-place A. A. Co. Md.

Occupation Landlady

Where Residing if not at place of death Washington D.C.

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Thomas W. Howers

Father's Birthplace A. A. Co., Md.

Mother's Maiden Name Viney Mayhew

Mother's Birthplace A. A. Co., Md.

Name of person giving information Thomas O'neil

How related to deceased Cousin

CAUSES OF DEATH

Primary Tuberculosis

How long 10 Months

Immediate Asthma

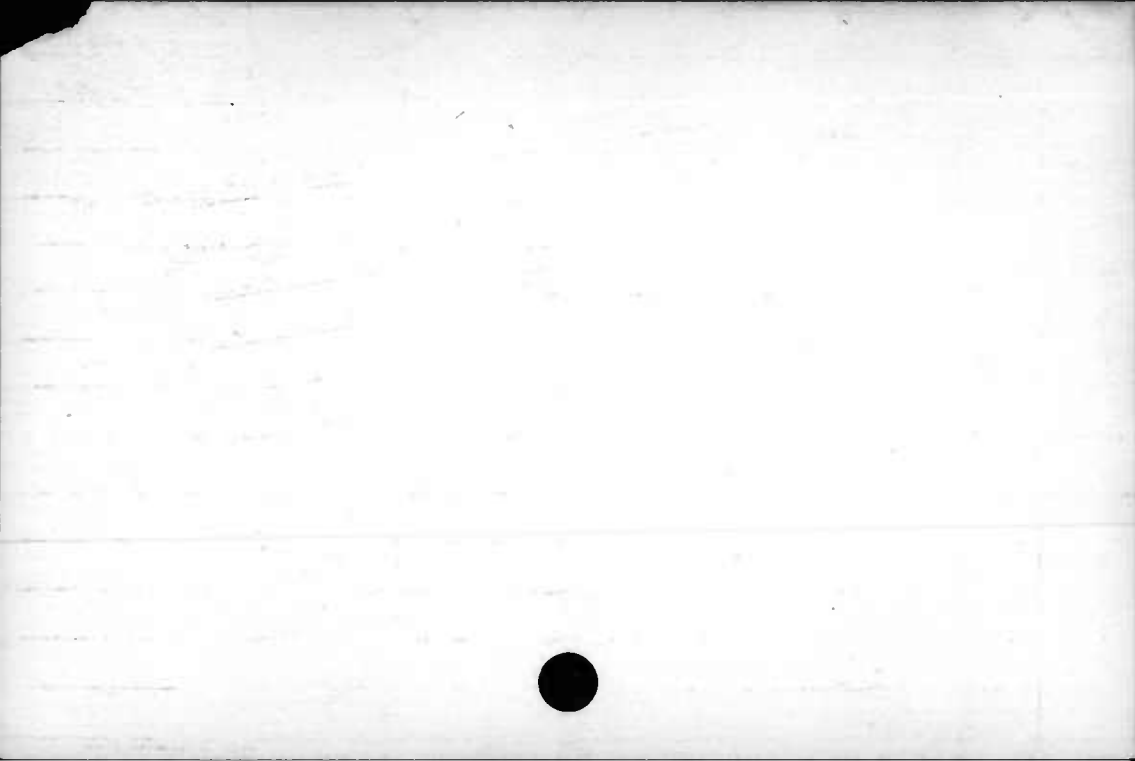
How long Several days

Are the name, age, sex, color, date and place correctly given above? Yes

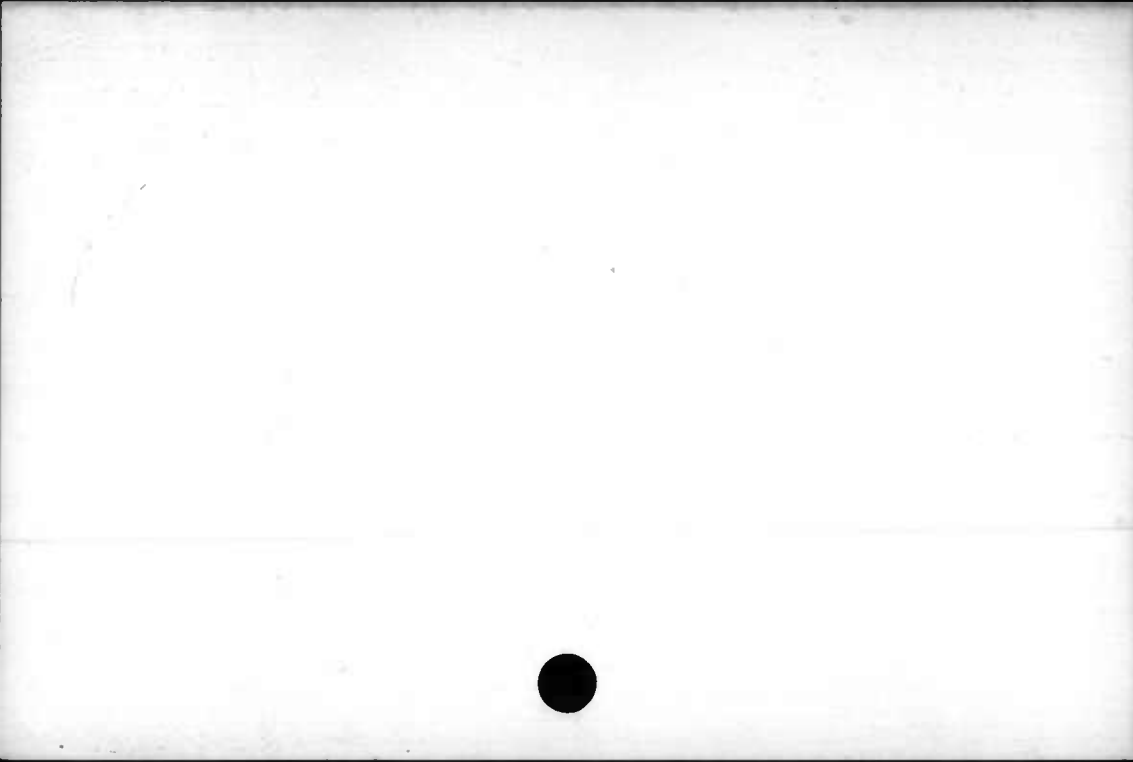
Signature of Physician A. N. Perrie M.D.

Address McKendree, Md.

Accident or Suicide?



Name in Full		Certificate of Death			
Insen Ellen Jacobs		Town		County	
Died at Waterbury		Anne Arundel		MARYLAND	
Date of death		Month	Day	Years	Months
1900		9	21	1	
Sex		Color or Race		Birthplace	
Female		African		Waterbury	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Single					
Father's Name		Father's Birthplace		Mother's Birthplace	
Wm Henry Jacobs		Washington		Waterbury	
Mother's Maiden Name		How related to deceased			
Ingen Mackell		Mother			
Name of person giving information					
Ingen Jacobs					
CAUSES OF DEATH					
Primary		How long			
General Pleurisy		2 months			
Immediate		How long			
Blood poisoning		2 weeks			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Dr. Bo's MD			
		Address			
		Gambrells			
Accident or Suicide?					



Name
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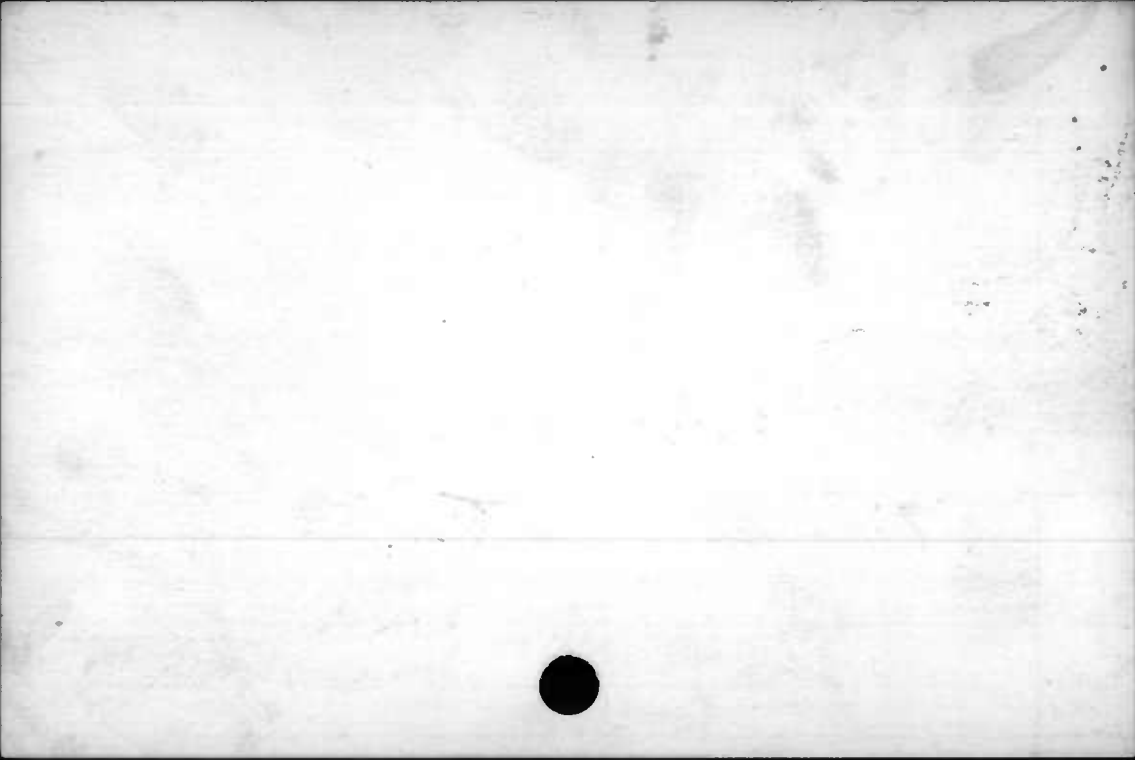
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>Jones</i>		County <i>A. D. Co.</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>17</i>		Age <i>7</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>			
Occupation		Where Residing if not at place of death <i>111 Bladen st</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Edward Jones</i>		Father's Birthplace <i>Annapolis Md</i>					
Mother's Maiden Name <i>Mary Colbert</i>		Mother's Birthplace <i>Annapolis Md</i>					
Name of person giving information <i>Mary Jones</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Trismus Nascentium</i>		How long <i>seven days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

William Lyons

CERTIFICATE OF DEATH

Town

County

Anne Arundel

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1906

Sept

25

Age

72

Sex

male

Color or
Race

White

Birth-
place

Calvert Co.

Occupation

Farming

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Rebecca Lyons

Father's
Name

John Lyons

Father's
BirthplaceMother's
Maiden Name

—

Mother's
BirthplaceName of person giving
In formation

Winfield Lyons

How related
to deceased

Son

CAUSES OF DEATH

Primary

Nephritis

How long

Several Years

Immediate

Pyemia & Coma

How long

One week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

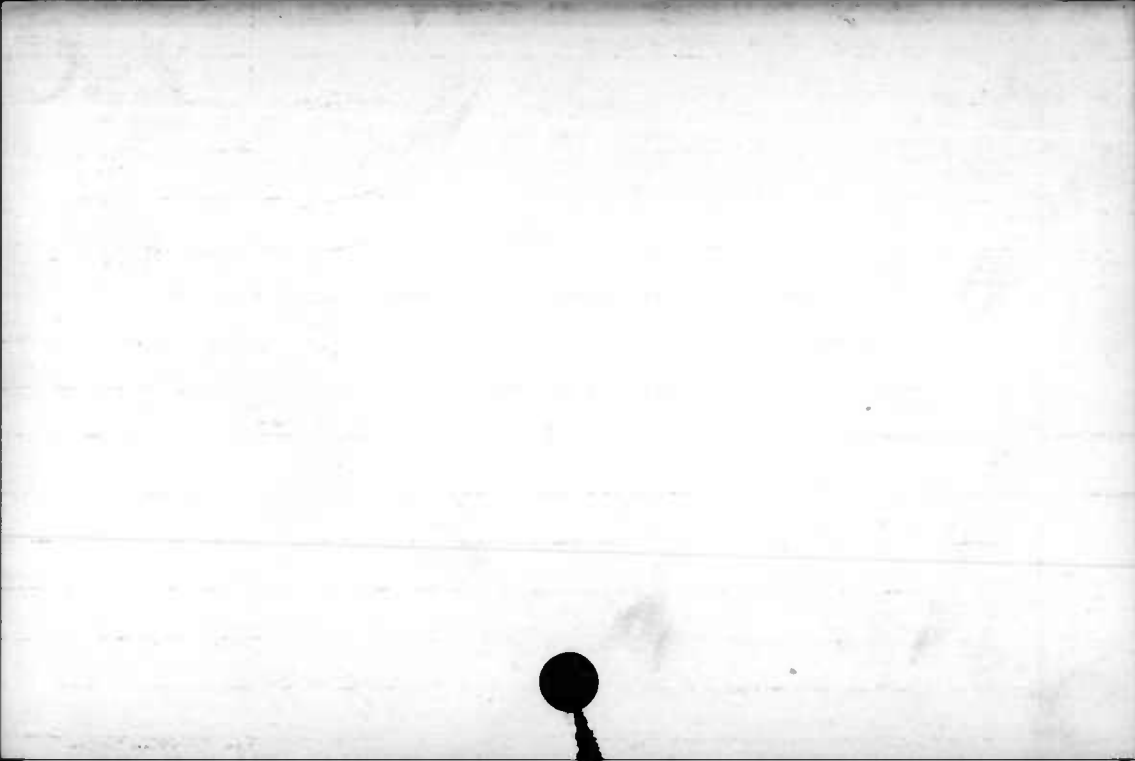
Macham Cawood

Address

West River
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

M. E. Brazier

Died at ^{Town} Rock Creek 3rd Dist Anne Arundel County

MARYLAND

Date 1905. Sep. 13. Month Day Y. M. D. Age 26. Native of North Carolina Occupation U. S. Soldier

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widow~~ Number of children living

Husband of

Wife

Father's is dead

Mother's

Name

Cause of

Primary

accidental drowning

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Shady Side* ^{Town} *A. C.* ^{County}Date of death *1905* ^{Month} *Sept* ^{Day} *16* Age ^{Years} *69* ^{Months} *—* ^{Days} *—*Sex *Male* Color or Race *Colored* Birth-place *A. C. Co. Md*Occupation *Oysterman* Where Residing if not at place of deathMarried, Single or Widowed *Widower* Name of Wife or ~~Husband~~Father's Name *John Matthews*Father's Birthplace *Md*Mother's Maiden Name *Mary Matthews*Mother's Birthplace *And*Name of person giving information *Harry Matthews*How related to deceased *Son*

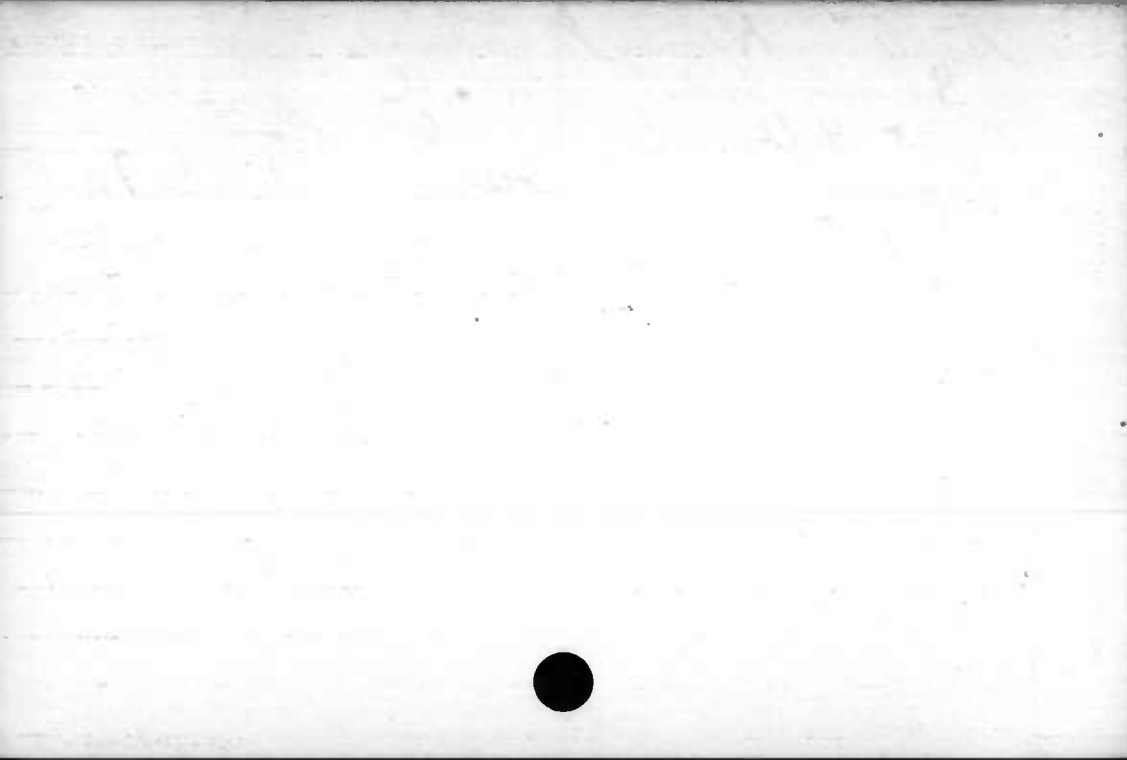
CAUSES OF DEATH

Primary *Paralysis*How long *9 mos*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo. T. French*Address *Churcho*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virginia Bond Traupin

Town

County

Died at

Jessup

Anne Arundel

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905- September

18-

Age

48

Sex

Female

Color or
Race

White

Birth-
place

Jessup Maryland

Occupation

Stenographer-Typewriter

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Frank A. Bond

Father's
Birthplace

Harford Co. Md.

Mother's
Maiden Name

Alexandria Webster

Mother's
Birthplace

" "

Name of person giving
Information

R. B. Bond

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Appendicitis

How long

3 months

Immediate

Sepsis & exhaustion

How long

Four months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

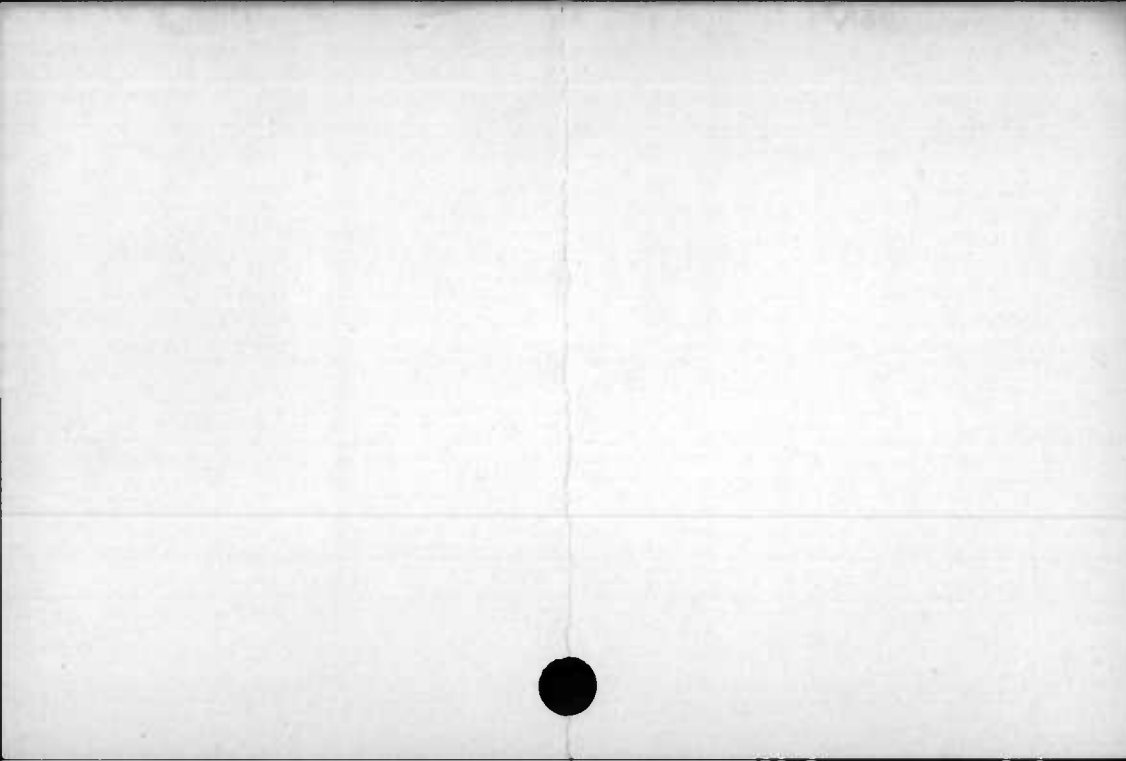
Address

R. B. Bond
Jessup, Maryland

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Leona West* Town *Annapolis Md*County *A.D.C.*

MARYLAND

Date of death *1906* Month *Sept*Day *3*Age Years *—*Months *9*Days *3*Sex *male*Color or Race *Colored*Birth-place *Annapolis Md*Occupation *—*

Where Residing if not at place of death

Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Edgar West*Father's Birthplace *Annapolis Md*Mother's Maiden Name *Rosie Boyd*Mother's Birthplace *Annapolis Md*Name of person giving information *Rosie Boyd*How related to deceased *mother*

CAUSES OF DEATH

Primary *Parasitism*How long *Months*Immediate *Exhaustion*

How long

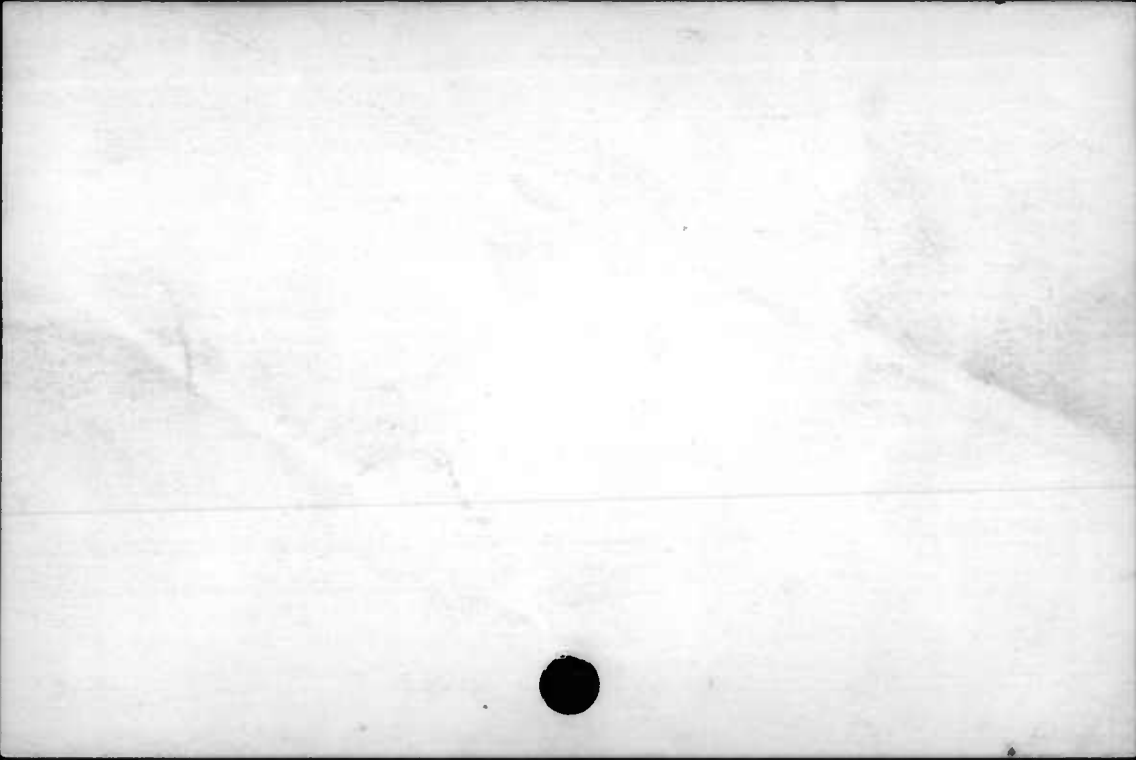
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John Ridout**Annapolis Md*

Accident or Suicide?



Name
in
Full

Francis Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Cumdetstone*^{County} *Anne Arundel*

MARYLAND

Date of death *1905* ^{Month} *Sept.* ^{Day} *25*Age *—* ^{Years}Months *—*Days *—*Sex *Female*Color or Race *Colored*Birth-place *Anne Arundel*Occupation *Cook*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Horace Parker*Father's Name *Isaac Parker*

Father's Birthplace

Mother's Maiden Name *Katherine Carter*

Mother's Birthplace

Name of person giving information *Isaac Parker*How related to deceased *father-in-law*

CAUSES OF DEATH

Primary *Child Birth*

How long

Immediate *Peritonitis*

How long

Are the name, age, sex, color, date and place correctly given above?

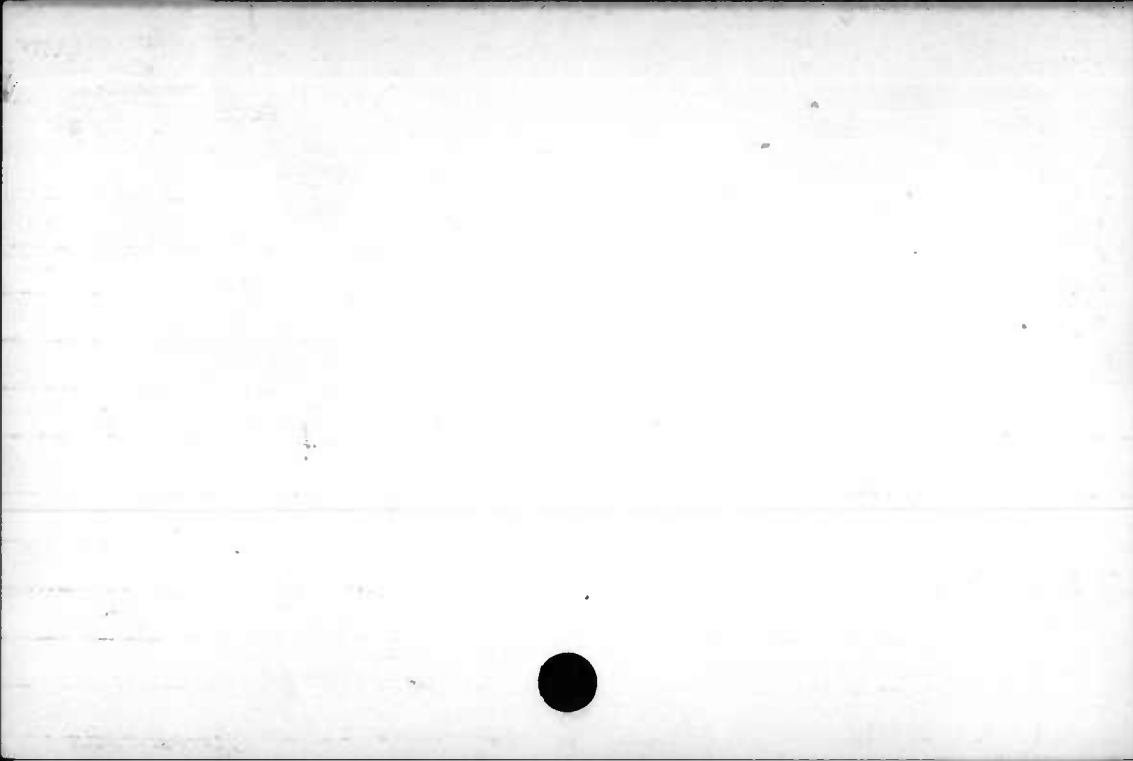
Signature of Physician

Address

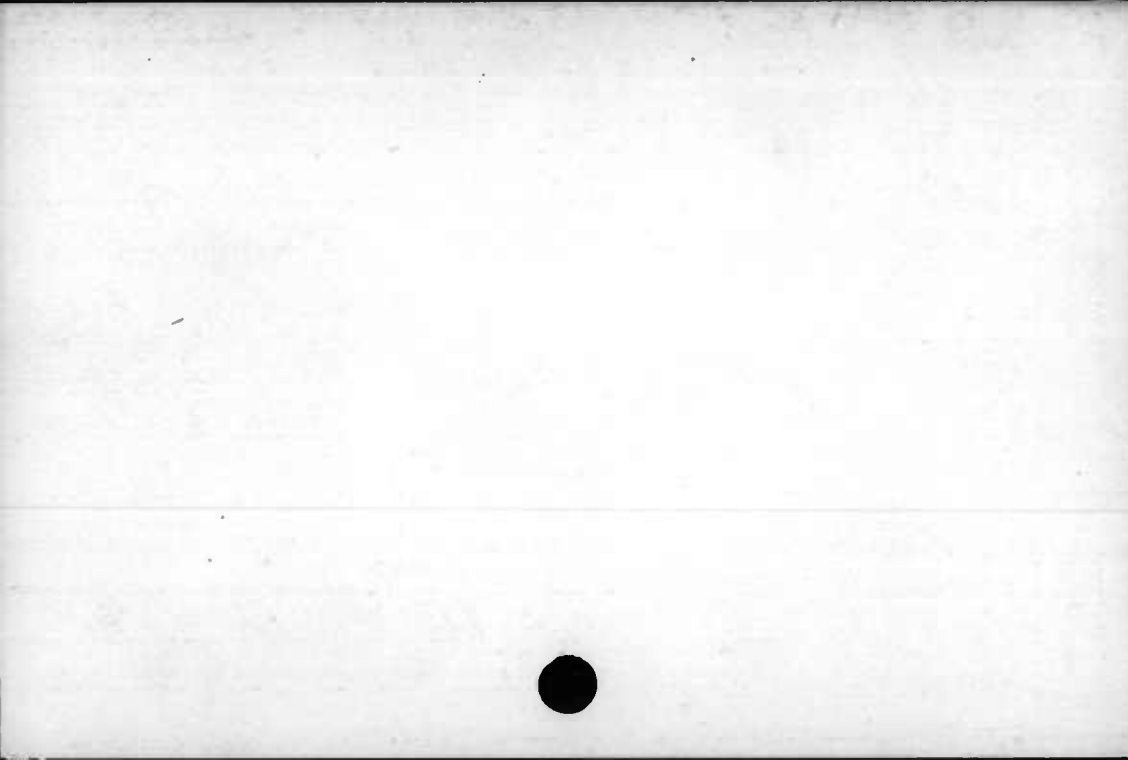
Melanie Cawood MD
West River
md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
		None				Parkinson		MARYLAND			
Died at		Annapolis				Anne Arundell					
Date of death		1908	Month Sept.	Day 10	Age	Years	Months	Days			
Sex		Female		Color or Race		White		Birth- place		Annapolis	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Father's Name		Elmer Parkinson						Father's Birthplace		Annapolis	
Mother's Maiden Name		Emma L. Heise						Mother's Birthplace		4	
Name of person giving Information		Elmer Parkinson						How related to deceased		Father	
CAUSES OF DEATH											
Primary		Still Born						How long		S	
Immediate								How long			
Are the name, age, sex, color, date and place correctly given above?						Signature of Physician		Dr. George Wells			
						Address		6 hicks			
Accident or Suicide?											



Name
in
Full

Richard Robinson

CERTIFICATE OF DEATH

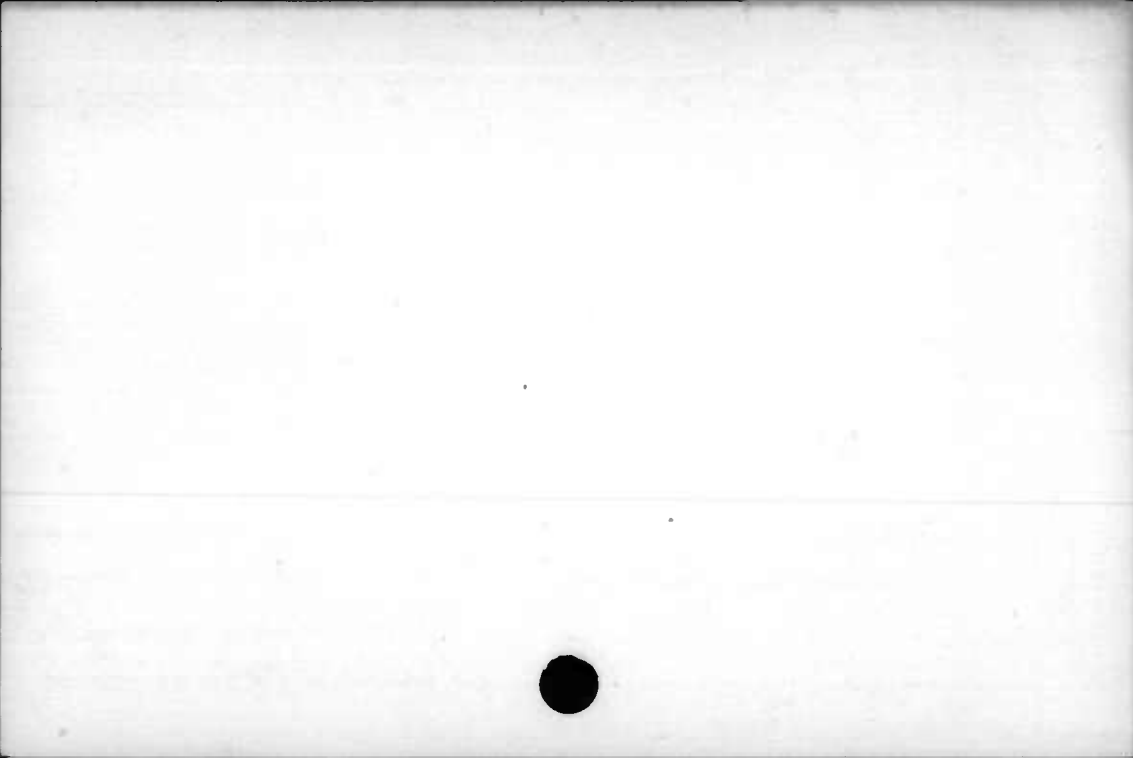
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month	Sept	Day	7	Age	Years
Sex <i>male</i>		Color or Race <i>col</i>		Birth-place <i>Annapolis</i>		Months	Days
Occupation		Where Residing if not at place of death		<i>East St</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Arthur Robinson</i>		Father's Birthplace <i>Washington</i>					
Mother's Maiden Name <i>Carrie A Barnett</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Carrie Robinson</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Wm S. Welch H.O.</i>	
Address		<i>Annapolis</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

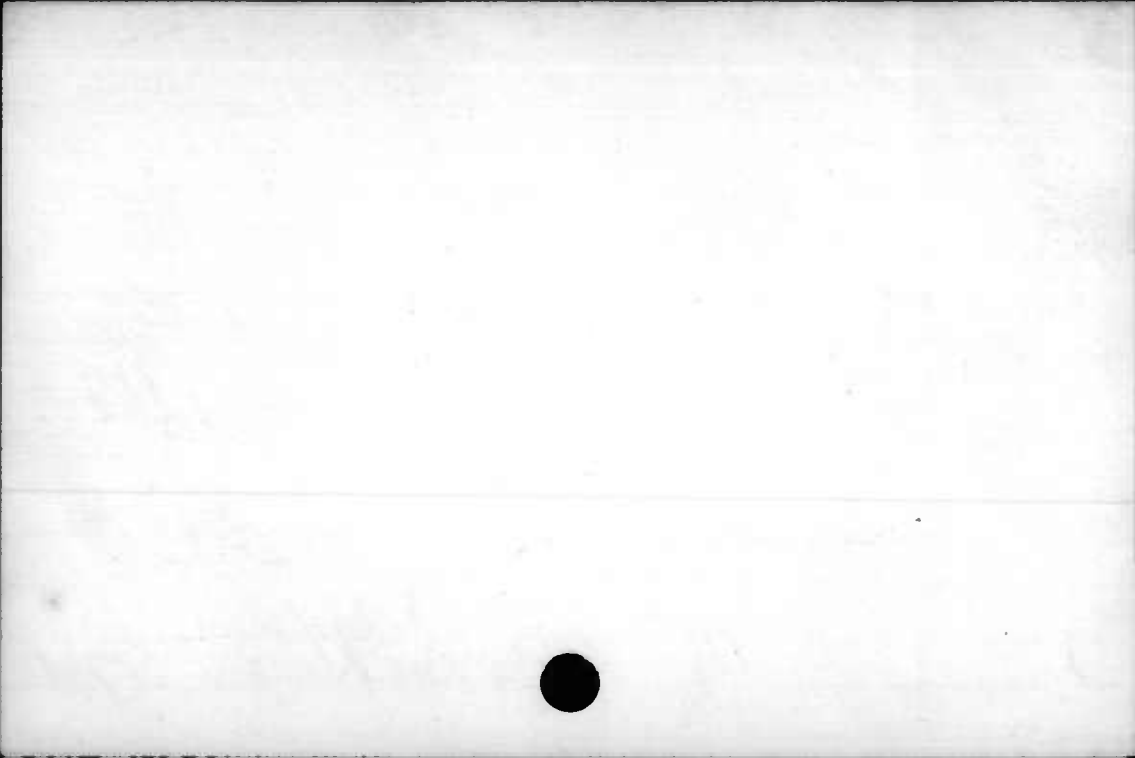
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Annapolis* ^{Town}County *A A*Date of death *1905* ^{Month} *9* ^{Day} *23* ^{Age} *1* ^{Years}Months *—*Days *14*Sex *Male*Color or
Race *White*Birth-
place *Annapolis*Occupation *—*Where Residing if not
at place of death *—*Married, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *Mr. W. Russell*Father's
Birthplace *Annapolis Md*Mother's
Maiden Name *Barrie A. Norfolk*Mother's
Birthplace *A A Co.*Name of person giving
In formation *William W. Russell*How related
to deceased *Brother*

CAUSES OF DEATH

Primary *Malnutrition*How long *One year*Immediate *Bronchitis*How long *4 days*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *J. Oliver Purain, M.D.*Address *Annapolis, Md.*Accident or Suicide? *No*PHYSICIAN
OR CORONER



Name
in
Full

Nellie Seelman

CERTIFICATE OF DEATH

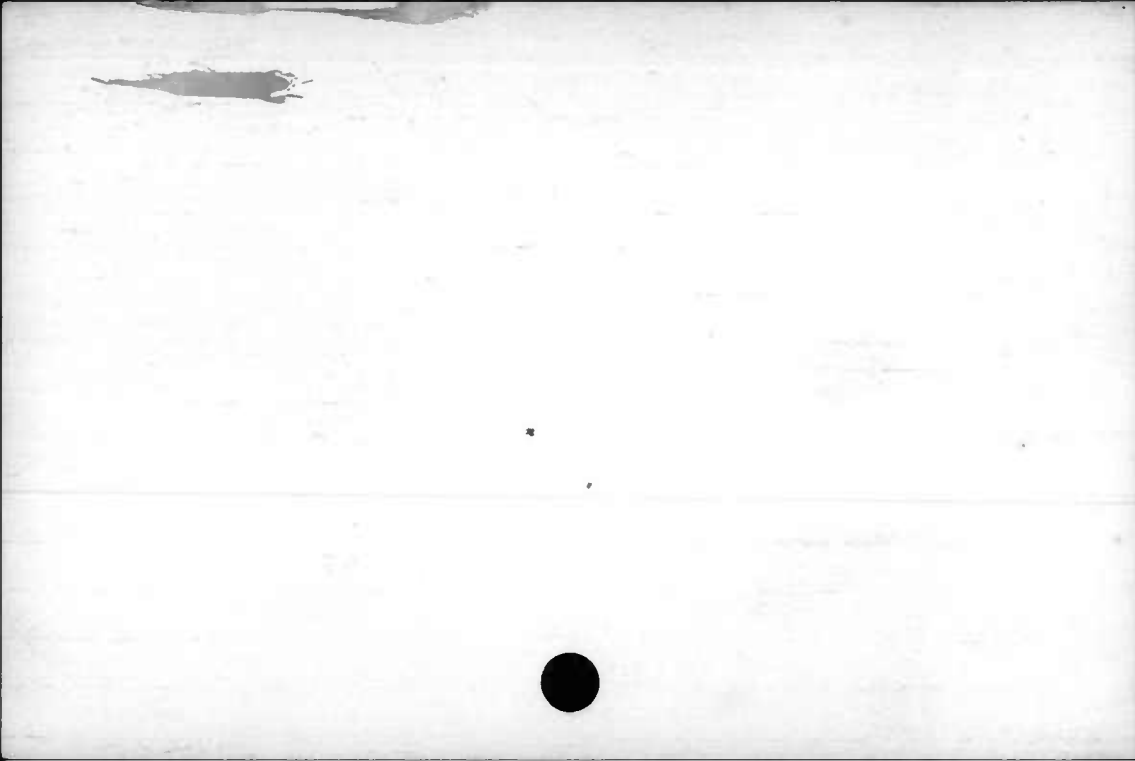
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Greenock</u> Town		<u>Anne Truore</u> County		MARYLAND	
Date of death	<u>1905</u> Month	<u>Sept.</u> Day	<u>3</u> Age	<u>1</u> Years	<u>—</u> Months
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>A. A. Co. Md.</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John Seelman</u>			Father's Birthplace	<u>A. A. Co. Md.</u>
Mother's Maiden Name	<u>Annie Parker</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>John Seelman</u>			How related to deceased	<u>Father</u>

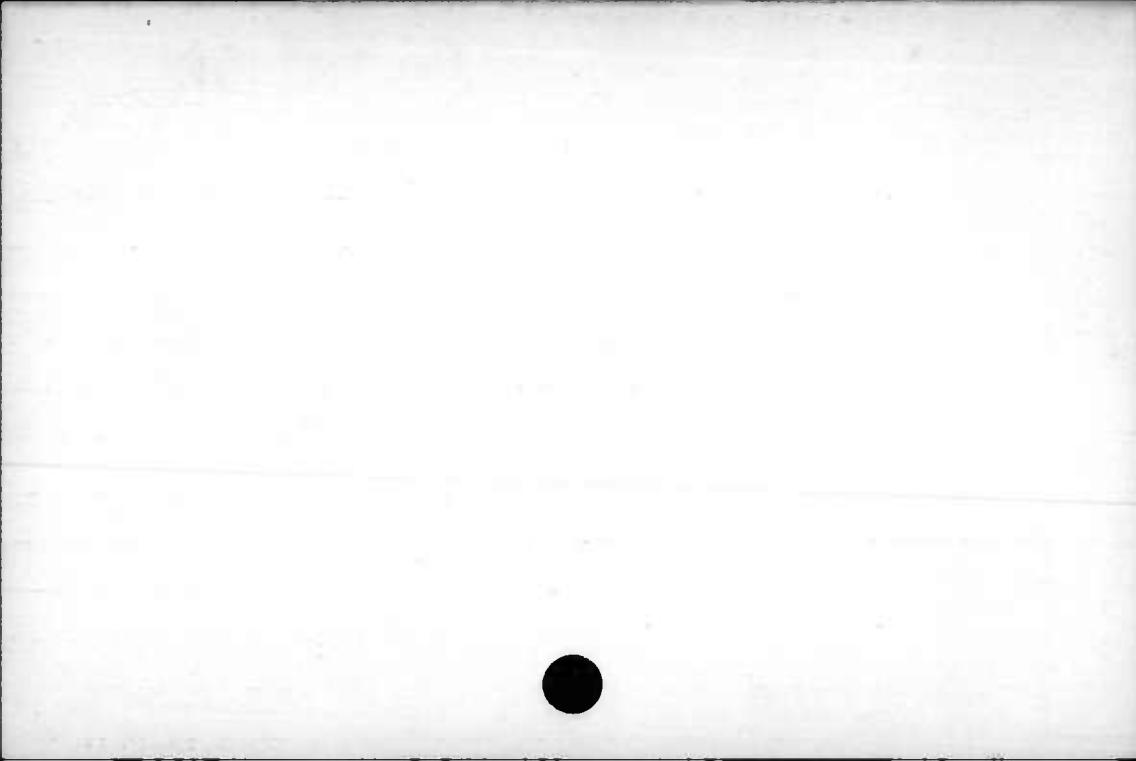
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>4 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>A. H. Perrie</u>	
		Address	
		<u>McKendree, Md.</u>	
Accident or Suicide?			



Name in Full		Levy Sherbert				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		South River	County		Anne Arundel	
		Date of death		1905	Month	Sept.	Day	10
		Age		68	Years		Months	Days
		Sex	Male	Color or Race	White	Birth-place	Maryland	
		Occupation	Farmer		Where Residing if not at place of death		Anne Arundel Co.	
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		William Sherbert		Father's Birthplace		A. A. Co.
		Mother's Maiden Name		Mary Wayson		Mother's Birthplace		Maryland
		Name of person giving information				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pulmonary Phthisis		How long	2 yrs	
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Callison		
				Address		South River		
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

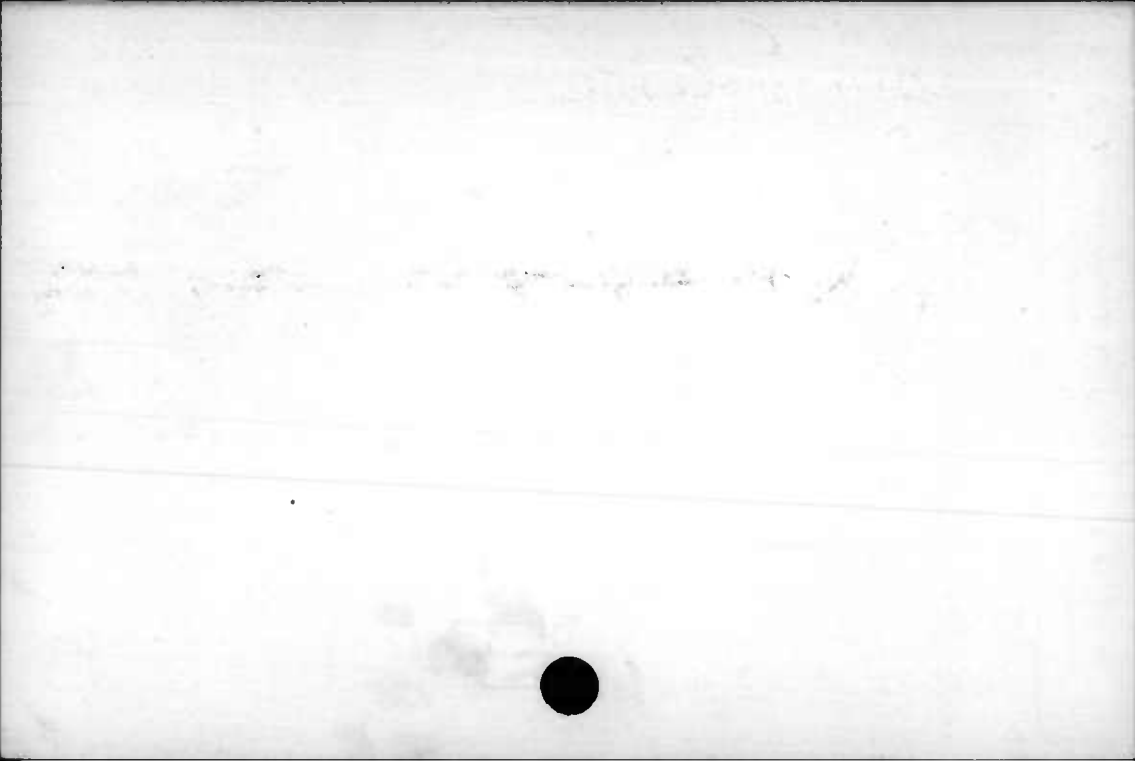
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name
in
Full

Rachel Stokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Graceys Landing^{County} Anne ArundelDate of death 1905 ^{Month} Sept. ^{Day} 19Age ^{Years} 45 ^{Months} ^{Days}

Sex Female

Color or
Race

Black

Birth-
place A. A. Leo. Ind.

Occupation

Houseworks

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elsie Stokes

Father's
Name

Sam Booz

Father's
Birthplace

Ind.

Mother's
Maiden Name

Sussey Watteris

Mother's
Birthplace

Ind.

Name of person giving
In formation

Elsie Stokes

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer of liver

How long

1 year

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

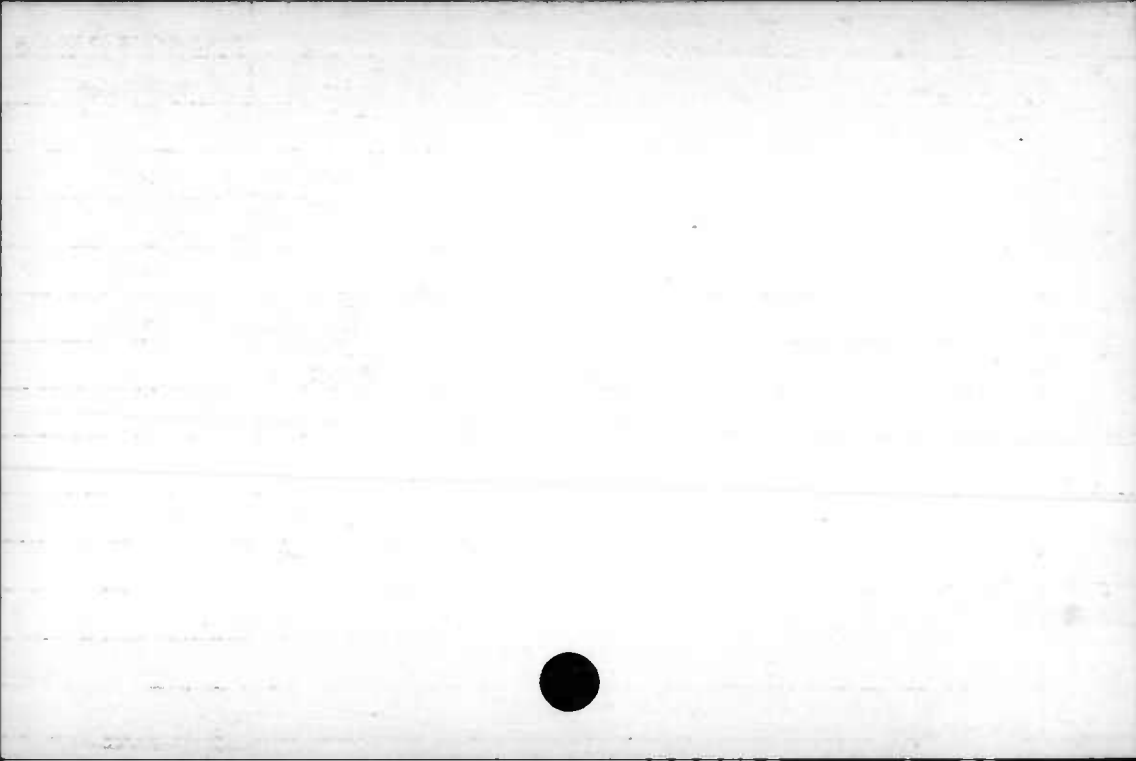
A. H. Perrie

Address

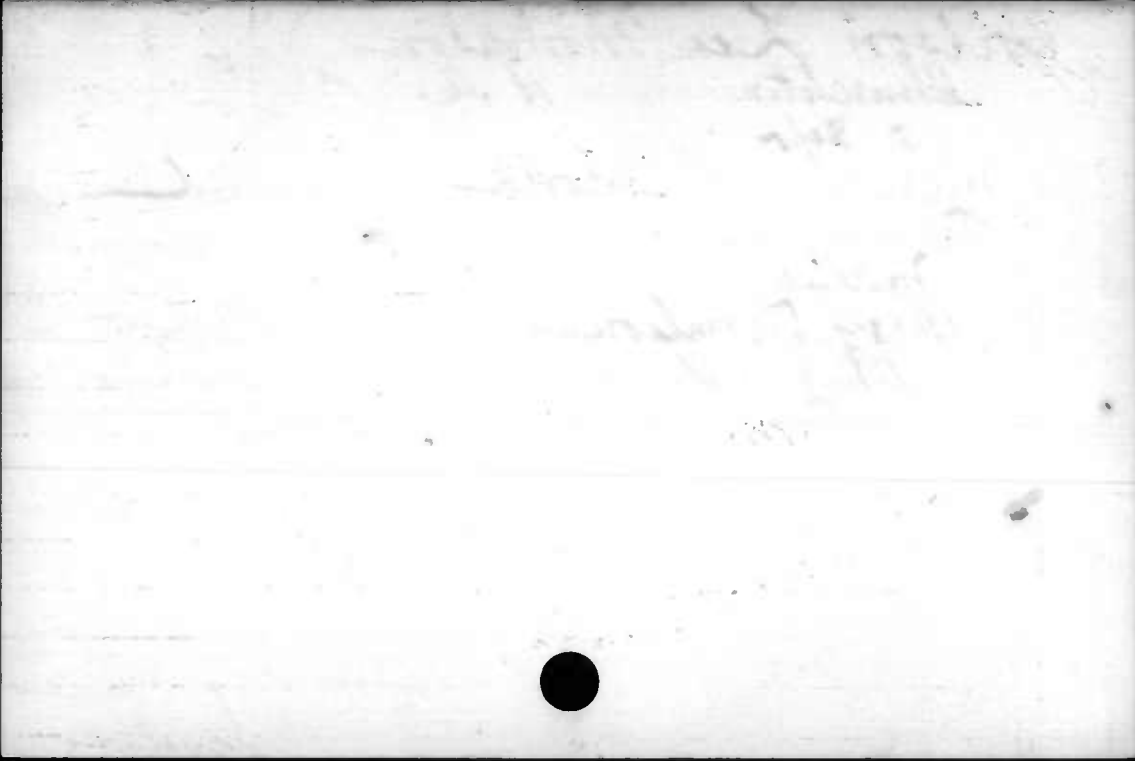


McKenzie, Ind.

Accident or Suicide?



Name in Full		County				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Churchton</u>		<u>A.A.</u>		MARYLAND		
		Date of death	Month	Day	Age	Years	Months	Days
		<u>1905</u>	<u>Sept</u>	<u>17</u>	<u>52</u>			
		Sex	Color or Race	Birthplace				
		<u>Male</u>	<u>Colored</u>	<u>Ind</u>				
		Occupation		Where Residing if not at place of death				
		<u>Farmer</u>						
		Married, Single or Widowed	Name of Wife or Husband					
		<u>Married</u>	<u>Jane Poats</u>					
		Father's Name	<u>Harry Thompson</u>		Father's Birthplace		<u>Ind</u>	
Mother's Maiden Name	<u>Mary Jackson</u>		Mother's Birthplace		<u>Ind</u>			
Name of person giving information	<u>Cliff Thompson</u>		How related to deceased		<u>Son</u>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<u>Bright's Disease</u>				How long	<u>16 Mors</u>	
	Immediate	<u>Pulmonary Edema</u>				How long	<u>4 days</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician			
					Address			
					<u>Churchton</u>			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

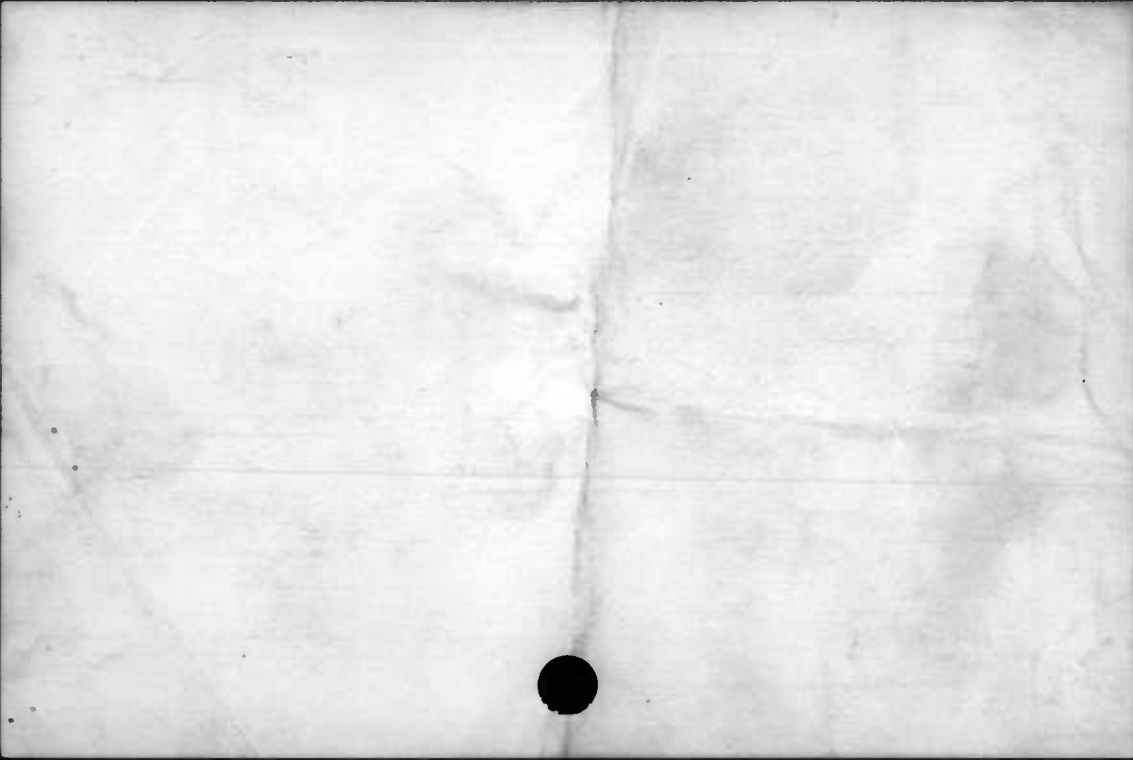
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		Town <i>a. a. c</i>		County		
Date of death <i>1900</i>	Month <i>Sept</i>	Day <i>21</i>	Age	Years	Months <i>3</i>	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Md</i>			
Occupation			Where Residing if not at place of death <i>Annapolis Md</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband				
Father's Name <i>George Watkins</i>			Father's Birthplace <i>Annapolis Md</i>			
Mother's Maiden Name <i>Mary Ball</i>			Mother's Birthplace <i>Annapolis Md</i>			
Name of person giving information <i>George Watkins</i>			How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Armingers</i>		Town <i>Armingers</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month	<i>Sep</i>	Day	<i>10</i>	Years	<i>48</i>
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Anne Arundel Co Md</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>Sarah Watts</i>			
Father's Name	<i>Emory Watts</i>			Father's Birthplace	<i>a a co Md</i>		
Mother's Maiden Name	<i>Caroline Richards</i>			Mother's Birthplace	<i>a a co Md</i>		
Name of person giving information	<i>Columbus Kees</i>			How related to deceased	<i>no relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>six months</i>
Immediate	<i>Heart failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>no regular Physician in attendance</i>
		Address	<i>Columbus Kees Armingers Md</i>
Accident or Suicide?			



Name
in
Full

Stephen White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Galloway's ^{Town} Ad County ^{County} **MARYLAND**

Date of death 1905 ^{Month} Sept ^{Day} 1 ^{Age} 72 ^{Years} 72 ^{Months} 72 ^{Days} 72

Sex Male Color or Race Colored Birth-place Ad County

Occupation Laborer Where Residing if not at place of death Galloway's

Married, ~~Single~~ M Name of Wife or Husband Eliza White

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Wm Turner How related to deceased Brother in law

CAUSES OF DEATH

Primary Carcinoma (X) How long —

Immediate — How long —

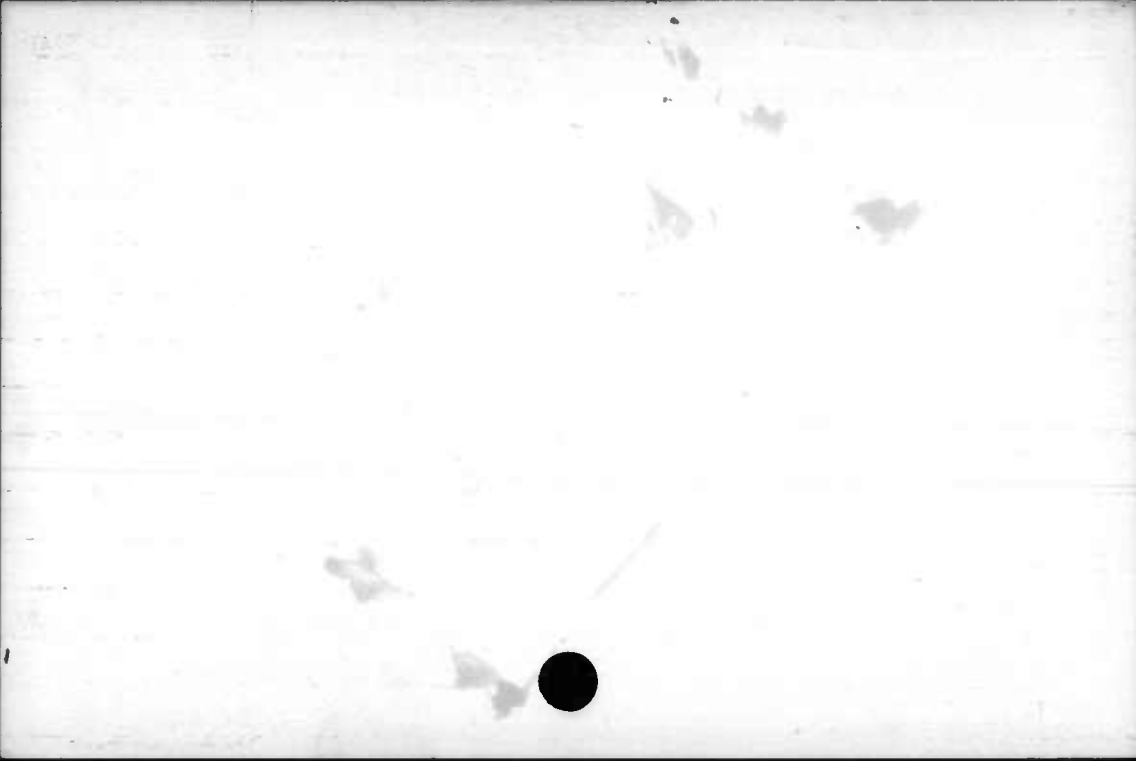
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Jonas. Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Eastport. ^{County} A. A. Co.Date of death 1908 ^{Month} Sept. ^{Day} 5 ^{Years} 63. ^{Months} 1 ^{Days} 15

Sex Male. Color or Race White. Birth-place Sweden.

Occupation Quartermaster. Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Louisa Williams.

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information Mrs. John Williams. How related to deceased Daughter-in-law

CAUSES OF DEATH

Primary Cancer Pylorus 40 How long Months

Immediate Marital Exhaustion Actual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Wm. R. Smith
Annapolis

Accident or Suicide?

PHYSICIAN
OR CORONER

